

MOTION BY SUPERVISOR MICHAEL D. ANTONOVICH

FEBRUARY 12, 2008

AMENDMENT TO #3: MENTAL HEALTH SERVICES ACT FUNDING

A stated purpose of the Mental Health Services Act (MHSA) is to prevent the incidence of untreated serious mental illness and to reduce its long-term adverse impact on individuals, families, state and local budgets. As indicated in my July 17, 2007 motion, directly investing MHSA funding in the enhancement and improvement of approaches to address the mental well-being of foster children is well within the stated purpose of MHSA. Yet foster children remain part of a 'focal population' in the MHSA planning process.

We need to prevent children's entry into care. For those children already in care, we need to safely reunify them with their parents or establish their alternative permanency in a timely manner. For those youth who will age-out of care without permanency, we need to provide continued services and financial supports. Los Angeles County's foster children experience some of the highest incidents of mental illness due to the obvious traumas of abuse or neglect, the loss of their biological parents, and ensuing multiple foster care placements. Failure to address these issues early on in their lives will yield the same, if not greater incidence of negative outcomes in their adulthood, such as homelessness and incarceration, which MHSA seeks to mitigate.

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One of the most effective strategies to achieving the desired outcomes for all Los Angeles County children who are either at risk of entering or already in foster care is the delivery of mental health screening, assessment and treatment services for substance abuse, domestic violence and sexual abuse. For that reason, nothing short of dedicating a portion of MHSA funds toward specific new and innovative services to foster children should be pursued. Yet, since July 2007, it remains unclear to this Board how the significant funding resource of MHSA can or will be utilized as part of the evolving process of determining how to improve the County's ability to meet the mental health needs of foster children.

I, THEREFORE, MOVE that the CEO, in consultation with DMH, DCFS and DPH, reports back on a quarterly basis on:

1. Identifying MHSA funding opportunities to ensure that available funding can be maximized to serve the mental health needs of foster children;
2. Identifying specific new mental health screening, assessment and treatment services that MHSA can fund; and
3. Developing a clearly-defined interdepartmental strategy by which MHSA funds will support improved outcomes in prevention, reunification and permanency for the most vulnerable children in our society.

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